

Last Name/First Name: \_\_\_\_\_  
(Please print)

**Application for Motor Vehicle Property Tax Exemption for  
Connecticut Resident Who is a Member of the Armed Forces**

If you claim exemption in the Town of Groton for taxes on your motor vehicle under CGS §12-81(53), it will be necessary for you to complete the following. A new application must be filed ANNUALLY with this office. **FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31<sup>ST</sup> NEXT FOLLOWING THE TAX DUE DATE SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION OR REFUND UNDER §12-81(53).**

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**Military Information**

1. On October 1, \_\_\_\_\_, I was a member of the United States Armed Forces, as defined in **CGS §27-103**.  
(year of most recent past October 1<sup>st</sup>)
2. On the assessment date, I was attached to the following unit: \_\_\_\_\_
3. I have served in this unit since (month /date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. My permanent address is: \_\_\_\_\_  
# & Street or PO Box City or Town State & Zip Code
5. My mailing address is: \_\_\_\_\_  
# & Street or PO Box City or Town State & Zip Code
6. IRR (Individually Ready Reserve) Obligation Termination Date: \_\_\_\_\_

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**Vehicle Information**

7. Vehicle Registration (Plate) Number: \_\_\_\_\_ Make, Model and Year: \_\_\_\_\_
8. On the assessment date, this vehicle was (check one): ☐ Owned ☐ Leased **(For leased vehicle complete 7, 8 & 9 & PROVIDE COPY OF LEASE AGREEMENT)**
9. Lease term: \_\_\_\_\_ to: \_\_\_\_\_ Lessor: \_\_\_\_\_  
From (Mo/Date/Yr) To (Mo/Date/Yr) (Name of vehicle owner as it appears on the lease)
10. Lessor's Address: \_\_\_\_\_  
# & Street or PO Box City or Town State & Zip Code

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**Attestation Statement**

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS §12-81(53). All Information herein provided is true and accurate to the best of my knowledge and belief.

Signature of CT Resident Member of Armed Forces

Signature of Commanding Officer\* or  
Base Legal

Date Signed

Printed Name & Title of CT Res Member of Armed Forces

Printed Name & Title of Commanding Officer

\*CO signature not required for those with IRR Obligation Termination Date (copy military ID & DD-214)

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**Office Use Only**

GRAND LIST YEAR: \_\_\_\_\_ ☐ Regular ☐ Supplemental VEHICLE ASSESSMENT \$ \_\_\_\_\_

Signature of Assessor/Staff

Date